

# Indiana Department of Environmental Management

rev 06/01

Please Print  
in Ink or Type

## Office of Land Quality SOLID WASTE PROCESSING FACILITY QUARTERLY REPORT

(See instructions on the back of this form)

Questions? Call:  
317-233-4624

### A -- GENERAL INFORMATION

Facility Name: \_\_\_\_\_

Facility ID #: \_\_\_\_\_

Facility Location: _____ (_____) _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip Code</span> <span>Facility Telephone Number</span> </div>				<b>Quarter Being Reported:</b>  <input type="checkbox"/> Jan - Mar <input type="checkbox"/> Apr - Jun <input type="checkbox"/> Jul - Sep <input type="checkbox"/> Oct - Dec 20 _____
Name of Person Filling Out Form: _____ (_____) _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span></span> <span>Office Telephone Number</span> </div>				
Office Mailing Address of Person Filling Out Form:  _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Company</span> <span>Address</span> </div> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>				
<b>REPORTS ARE DUE THE 15TH OF THE MONTH FOLLOWING EACH QUARTER</b>				

### B -- QUARTERLY SOLID WASTE TONNAGE REPORT

Total tons of solid waste  
disposed during quarter: \_\_\_\_\_  
(must equal total of all section B entries for this quarter)

Number of operating  
days during quarter: \_\_\_\_\_  
(a partial day counts as a full operating day)

- See example on the back of this form
- Refer to "Waste Classification Guide"
- Round all values to the nearest ton
- Tabulate all totals
- Use supplemental pages if necessary

	Waste Origin			Municipal Solid Waste Received	Non-Municipal Solid Waste Received				
	State abbr.	County Name	<i>IDEM Use Only</i>		C/D Debris	Foundry	Coal Ash	FGD Waste	Other
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
<b>TOTAL for Quarter (tons)</b> (this page)									

### C -- FINAL DESTINATION REPORT

Total tons of solid waste  
sent during quarter: \_\_\_\_\_

**Note:** Section C total must equal section B total of waste received (does not apply to ash disposal for incinerators). Please provide written explanation for situations in which this is not the case.

	Final Destination Facility	Facility Location		Sent to be Recycled or Disposed? <small>(circle one)</small>	Tons Sent to This Facility
		City/State	Zip		
1.				Recycled / Disposed	
2.				Recycled / Disposed	
3.				Recycled / Disposed	
4.				Recycled / Disposed	
5.				Recycled / Disposed	

Are supplemental page(s) attached?: ☐ YES ☐ NO

### D -- CERTIFICATION

This is to certify that I have personally examined and am familiar with the information in this and any attached documents. I am aware of the Department of Environmental Management's requirements for this report. To the best of my knowledge, and belief, the submitted information is true, accurate, and complete.

\_\_\_\_\_  
Name of Operator *(please print or type)*

\_\_\_\_\_  
Signature of Operator *(original required)*

\_\_\_\_\_  
Date

## Instructions

**A -- General Information:** Please provide the information requested in this section. Provide the name, phone number, and office mailing address of the person filling out this form as accurately as possible, since this information is used for correspondence regarding this facility's quarterly reports.

**B -- Quarterly Solid Waste Tonnage Report:** Complete one line for each county from which your facility received waste. This includes Indiana counties and out-of-state counties. First, provide the state abbreviation and the name of the county where the waste originated (provide the country name for non-U.S. waste origins). Please list Indiana counties first in alphabetical order, then list out-of-state waste origins. If your facility received waste from a transfer station, please list the county in which the transfer station is located as the origin of that waste. Next, record the tonnage of each type of solid waste that your facility received from each waste origin. Facilities required to install weighing scales must report weighed tonnages. Please refer to the "Waste Classification Guide" for assistance in categorizing the solid waste received by your facility.

*See  
Example  
Below*

Please tabulate all totals. All weights must be expressed in tons rounded to the nearest ton. If additional pages are needed, please complete the appropriate supplemental page(s) and indicate that these pages are attached.

**Facilities not required to install weighing scales must use the following conversion factors for Municipal Solid Waste:**

3.3 cu. yds. of compacted waste = 1 ton  
6 cu. yds. of uncompacted solid waste = 1 ton  
1 cu. yd. of baled waste = 1 ton

**For Non-Municipal Solid Waste, sites without scales may use a more appropriate conversion factor based on the waste's density.**

**C -- Final Destination Report:** Complete one line for each facility that received material from your facility during the quarter. Also, specify whether the waste was sent to the facility to be recycled (or reused) or disposed (landfilled or incinerated), and record the tonnage of material sent to the facility. Incinerators should list ash disposal in this section.

**Please note that the reported tonnage of waste received by your facility for the specified quarter should equal the reported tonnage of waste that left your facility during the same quarter (does not apply to ash disposal for incinerators). Please attach written explanation for situations in which this is not the case.**

**D -- Certification:** Please print or type the name of your facility's operator, and have the operator sign and date the report form.

### The following are examples of how parts B and C of this form should be completed

(please note that all waste origins, destinations, and disposal tonnages are hypothetical)

**Total tons of solid waste received during quarter:**

12,679

(must equal total of all section B entries for this quarter)

**Number of operating days during quarter:**

74

(a partial day counts as a full operating day)

	Waste Origin		Municipal Solid Waste Received	Non-Municipal Solid Waste Received				
	State Abbr.	County Name		C/D Debris	Foundry	Coal Ash	FGD Waste	Other
1.	IN	Marion	2,256	1,350				
2.	IN	Hamilton	8,480					
3.	IL	Cook	342					
4.	OH	Paulding	251					
<b>Total for Quarter (tons)</b> (this page)			11,329	1,350				

**Total tons of solid waste sent during quarter:**

12,679

**Note:** Section C total must equal section B total of waste received (does not apply to ash disposal for incinerators). Please provide written explanation for situations in which this is not the case.

	Facility Location		Sent to be Recycled or Disposed? (circle one)	Tons Sent to This Facility
	Final Destination Facility	City/State Zip		
1.	ABC Landfill	Somewhere, IN 12345	Recycled / <u>Disposed</u>	8,241
2.	123 Recycling	Anotherplace, IN 23456	<u>Recycled</u> / Disposed	4,304
3.	Out-of-State Services, Inc.	Anytown, OH 54321	Recycled / <u>Disposed</u>	134

**PLEASE RETURN  
COMPLETED  
FORMS TO:**

**Indiana Department of Environmental Management  
Facilities Data Analysis Section; Office of Land Quality  
100 N. Senate Ave.  
P.O. Box 6015  
Indianapolis, IN 46206-6015**

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